

## Psychological Test Report

January 7, 1954

Name: Jack Ruby Age: 50 Tested: Dec. 29, 30, 31, 1953.  
Place: Dallas County Jail, Dallas, Texas

Tests Administered: Wechsler Adult Intelligence Scale  
Comprehension subtest of Wechsler-Bellevue Intelligence Test, Form II  
Wechsler Memory Scale  
Immediate and Delayed Story Recall subtests of the Babcock Test of Mental Efficiency  
Dender Visual-Motor Gestalt Test  
Weigl Color-Form Sorting Test of Concept Formation  
Object Sorting Test of Concept Formation  
Draw-A-Person Test  
Rorschach Test  
Thematic Apperception Test  
Word Association Test  
Reed Sentence Completion Test

## Analysis of Test Results:

On the Wechsler Adult Intelligence Scale Mr. Ruby obtained a Verbal IQ of 110, 75th percentile of the general population; a Performance (non-verbal) IQ of 109, 70th percentile; and a Total IQ of 109, 73rd percentile. It appears reasonable to assume that his basic capacity, were it not hampered by certain impairments and inefficiencies of function to be described below, would produce an IQ score in the area of 115-120 or around the 85th percentile of the general population. Mr. Ruby's relatively poor educational background appears to be another factor that has held down his scores a bit. In any case, the actual, available IQ level--109--is high enough that the analysis of Mr. Ruby's mental functioning need not be subject to the ambiguities and reservations that may have been unavoidable were he of below average intelligence.

The total set of test results indicate that Mr. Ruby's thought processes and speech fluctuate between two positions: one position is clear, alert, perceptive, socially appropriate and well organized; the other position is confused, disoriented, arbitrary, inappropriate and loosely organized. In the latter position, he often loses track of his train of thought or of the nature of the task he is performing. He becomes involved in speech that is so lacking in syntax and continuity, so loaded with circused and distorted words, so fragmented, that it sometimes approaches incoherence. (This disordered speech cannot be explained away as being due merely to a poor cultural background or to his pretentious efforts during the testing to sound like a more complex, learned and elegant thinker than he is.) At times his perceptions are significantly distorted or vague. In much of his thinking there is a sticky, perseverative quality. He is not always able fully to sustain the abstract conceptual level of thought; he readily slips into the concrete mode of thought and at times cannot rise above it at all. He has a noticeable inclination to generalize arbitrarily and impulsively from small details. Although his Memory Quotient on the Wechsler Memory Scale is 103, in one of the subtests of this test his recall of stories is impressively poor and his delayed recall (in the Babcock Test subtest) is even poorer (The score of 106 indicates that for a

man his age, he performs perfectly adequately on most of items of this test.) Mr. Ruby's judgment is often strikingly impaired: inappropriate ideas stand side by side or mingle and little awareness is of the resulting incongruities and absurdities is evident. At times, he spoils adequate solutions to problems because he does not securely or clearly register his own progress toward the solution.

However much difficulty he encounters, typically he does not slip into the bizarre ways of thinking of the schizophrenic. Moreover, the difficulties do not develop in any clear or consistent relation to particular topics of emotional conflict; they often appear to develop as if at random, as one finds to be the case in the performance of persons with some form of physical impairment of brain function.

As mentioned above, Mr. Ruby appears to fluctuate from this pattern of impaired mental functioning to an at least adequate one and sometimes to a superior one. Occasionally he becomes aware of his own looseness and confusion of thought, but whether he does or not, he often works his way out of the confusion that has set in and emerges with an adequate, realistic response. He also seeks cues from others to help orient or re-orient himself, and, given well-defined, familiar and unstressful situation, he can often--but not always--perform in a not obviously disturbed way. (In this regard it should be pointed out that the unfamiliarity, lack of definition and stressfulness of many of the test items are the very features that help bring out disordered and impaired aspects of a thought that might not be obvious in a disturbed person's everyday behavior; in situations well-known to him, such a person may present an orderly appearance to others while being inwardly confused and irrational.)

Of special interest are indications of disruption and confusion in Mr. Ruby's experience of his own body. He feels generally damaged, impaired and repulsive. In addition, he appears to fail not altogether in control of his body actions, as if they occur independently of his conscious will at times, and also as if they can be controlled by external forces. He is not always able to differentiate himself clearly from others with whom he is in social contact, and additionally he cannot always clearly register obvious age and sex differences and characteristics. Thus, a well-integrated well-defined image of his body, and of his body actions as emanating from his self, appears to be lacking. It should be stressed that these findings are not in the least based on his conscious descriptions of himself; consciously he describes himself in quite the opposite way, even though his performance does not always match his description. The findings are based on ways in which he responds to apparently impersonal test items that bear on the body and its actions and integration, and on the forms of speech he uses when talking about the body.

In the realm of emotion and impulse, Mr. Ruby appears quite clearly to be characterized by intense, poorly controlled reactivity. He is likely to be abrupt and explosive in his reactions, and to be particularly so in his aggressive reactions. Also to be noted as

part of his pronounced emotional lability is vulnerability to depressive mood swings accompanied by thoughts and feelings of being empty, worthless, and deprived and needful in the extreme. Again, his conscious picture of himself tends very much in the opposite direction; he rationalizes his aggressiveness as being due entirely to provoking life circumstances and thus as essentially necessary, controlled and not really his responsibility; he portrays himself as a man of deep humanitarian, ethical and religious sentiment and purpose, as someone whose greatest ambition is to make a contribution to human welfare and understanding, as a "positive thinker," as someone who is friendly and generous to a fault, and--with a striking lack of insight into himself--as someone who is more normal than the average person. It is apparent that he has a great need to be liked and esteemed--he tried very hard to do the "right thing" and to do "well" in the tests--and he responds gratefully, in a child-like manner, to approval and encouragement. He is also capable at times of noteworthy sensitivity in his perceptions of others and he can be effectively ingratiating. Nevertheless, his capacity to form and maintain firm, warm and intimate relations with others appears to be weak, and his relationships are likely to be shallow and to give way easily to irritation, suspicion, and outburst. It is unlikely that he can be more than momentarily dedicated or devoted in action, however much he ruminates about his high principles and aspirations. His preponderant orientation is self-centered and in the here-and-now. His basic mistrust of others, his tendency to blame his difficulties on others arbitrarily, and a quality of grandiosity in some of his aspirations are pronounced enough to warrant the conclusion that there is a distinct paranoid trend in his personality.

*On the whole he appears to be a man of deep humanitarian, ethical and religious sentiment and purpose, as someone who is friendly and generous to a fault, and--with a striking lack of insight into himself--as someone who is more normal than the average person. He is also capable at times of noteworthy sensitivity in his perceptions of others and he can be effectively ingratiating. Nevertheless, his capacity to form and maintain firm, warm and intimate relations with others appears to be weak, and his relationships are likely to be shallow and to give way easily to irritation, suspicion, and outburst. It is unlikely that he can be more than momentarily dedicated or devoted in action, however much he ruminates about his high principles and aspirations. His basic mistrust of others, his tendency to blame his difficulties on others arbitrarily, and a quality of grandiosity in some of his aspirations are pronounced enough to warrant the conclusion that there is a distinct paranoid trend in his personality.*

Taken together, his vulnerability to confused and unrealistic thought and to uncontrollable emotion and impulse, his poor judgment and his feeling not fully in possession of his body and its actions, and his mistrustful and grandiose tendencies, all point to the likelihood of his committing irrational acts of violence. And it is not out of the question that under certain circumstances the violence may be directed against himself.

#### Differential Diagnosis:

On the whole, the test results indicate the presence of brain dysfunction on a physical basis. It is quite possible that Mr. Ruby has some form of convulsive disorder; his test responses are very similar in many respects to those obtained from patients who have psychomotor seizures. His religious preoccupation and his pietistic expressions, his explosive emotionality and his disordered body image fit well the classical picture of persons with convulsive disorders. The responses could also be those of a person with a history of traumatic head injuries or of childhood encephalitis. This diagnostic impression is based on the specific pattern of disrupted mental function and emotional functioning, and especially on the waxing and waning of confused thought previously described. (See the attached Appendix "Illustrations.") The consistent efforts to gain a clearer hold on

*... of this picture.*

A number of other diagnostic possibilities have been considered and ruled out: fully developed or borderline schizophrenia, manic-depressive psychosis, paranoid state, and severe recent brain damage or deterioration. Although the confusional features are sometimes superficially similar to those found in schizophrenic functioning, they are not accompanied by the abundance of bizarre ideas and inappropriate emotions one expects from schizophrenics. Neither euphoric nor depressive features are clear enough or extreme enough to point to a manic-depressive disorder. Severe recent brain damage or deterioration is contra-indicated by the many areas of intact functioning still available to Mr. Ruby, even if only on a fluctuating basis. His paranoid trend does not appear to be so extreme or pervasive as to constitute a paranoid state. Those personality features present that might be termed hysterical, obsessive and anti-social, but these features do not appear to account for the impaired functioning observed.

It is therefore strongly indicated that a thorough electro-encephalographic study and physical neurological examination be carried out to investigate the nature and extent of the indicated brain dysfunction. (The present test results may be considered a reasonably thorough mental neurological examination.) It is possible that the EEG and physical neurological examinations will produce ambiguous or negative findings. In this event, the test results would still speak strongly for the probable presence of organic brain dysfunction; sometimes this condition emerges most clearly in the psychological test results. And in any event, the description of his impaired functioning and his explosive emotionality given above would stand as irrational, impulsive acts of aggression are likely to be outstanding characteristics of Mr. Ruby.

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Roy Schafey, Ph.D.

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This appendix presents examples of some of the types of diagnostic responses given by Mr. Ruby. These responses cannot be fully interpreted out of context and without a thorough knowledge of the varieties of normal and pathological responses to the tests used. Nevertheless, they do at least give the flavor of the test records.

Examples of confused wording.

1. In response to the question, "If you were lost in a forest in the daytime, how would you go about finding your way out?" "Any particular time of the day? Is the sun shining? If I wanted to go west... Could I see the sun or you're not answering that? (What if you could?) I'd know I'd be going in a westerly direction; at least that would keep me in a straight direction but if I knew I was coming from the east direction, had come from the east, then I would go the opposite way: I would go opposite from the sun which would put me in a eastern direction. By the same token, if--naturally, if I know the sun was setting in the west--it's a tough question unless you know the sun was setting, right, Doctor? Then, knowing the sun was setting in the west, then I would stand with the right side to the sun and the front part of my body would be facing south--I would be facing south--and my back would be to the north: this is with the assumption that I knew what part of the forest I entered in."
2. In response to being asked to define the word penny: "To purchase something with. (Explain further.) Part of a currency to break the change of a nickel, or a dime if it requires ten pennies if that's what you have. The smallest denomination of American, United States currency."
- 3.

Loss of train of thought or orientation.

1. In response to the question, "why is it better to build ~~mem~~ houses of brick rather than of wood?" "Number one: fire--you're much more fireproof than wood; you're insulated--when it's warm, hot on the outside there is less cost of cooling your home on the inside and when it's cold on the outside there's less cost economically of keeping your house warm on the inside. Your deterioration is less apt to happen to the exterior from the wear and tear of weather conditions. As a whole the life of your home would be lasting many more years, if there's such a word as lasting, many more years than if it were wood. Did you say brick? Because brick can withstand much more durable conditions."
2. "Name 3 types of blood vessel in the human body." Answer: "The artery... the vein... and the vessel?"
3. "What does this saying mean: Strike while the iron is hot?" Answer: "If you have an opportunity to prosper in business and things are theoretically going your way--I don't know if I'm using the word right but I'm trying it out on you anyway--take advantage.... Is there such a meaning as that, such a saying? Sort of whip your luck; when the opportunity presents itself, don't just go lax and let it go by."

quite depressed  
more depressed

mrs Kennedy

↓ | I'd rather not  
say anything more

news media - stimulus  
of crying

APPENDIX--2

4. "Count by 3's as fast as you can, beginning 1-4-7."  
Answer: "One to 4 is 4; it should go 1-3-6."

Impaired recall of story (immediates recall).

The actual story is as follows: "The American liner New York struck a mine near Liverpool Monday evening. In spite of a blinding snowstorm and darkness, the 60 passengers, including 18 women, were all rescued though the boats were tossed about like corks in the heavy sea. They were brought into port the next day by a British steamer." The recall after a relatively slow, clear reading: "The American liner... stuck a port in Liverpool, and in spite of the, of what had happened, 18 persons were rescued, including 16 women... by a British steamer. In spite of the storm, the ships were bobbing up and down like corks. They were rescued by a British steamer."

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